

Australian Faith Community Nurses Association

faith in action
love in expression
hope in motion



Whole Health

Volume 23 Number 1 April 2018

I can't wait to tell you about... Abraham

called to be a blessing to others

I have been considering Abraham's journey in my first weeks at Bible College and it seems relevant to share my learning with you.

It is inevitable that we will all encounter change. Abraham did. He was sent away from his homeland and his family. He had to be willing to sacrifice his child. He faced famine and hardship. He lost his partner, had numerous enemies, and even changed his name. However, God provided for all his needs (even miraculously). There was wealth to be gained, fruitfulness and great rewards were promised.

But the promise to Abraham of land and descendants was not just for his benefit. All the families on earth were to be blessed through him. He was to be a blessing to others (Genesis 12:2-3).

God keeps His promises. He is our shield and defender. Nothing is too difficult for God. We can also be blessed beyond anything we could imagine and we should use those blessings to bless others and, in this way, bring Glory to God.

In your FCN and other nursing roles you are able to provide care for the whole person—body, mind and spirit— in order to bless, restore and heal them. What a privilege.

You can invest in your growth and your ability to serve God more fully by attending our one day work shop on 'The Art and Science of Spiritual Care' with Gabi Macaulay and Diana Marshall on Friday 11th May 2018 (details in newsletter). You will be blessed to be a blessing.

We are called to reflect God in all we do, so go and bring Him glory as you cling to His promises. He will never let you down.

Jo from beautiful Byron Bay
Chairperson, AFCNA 2018



Jo Rich

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The art and science of spiritual care workshop

If you want to know how you can more effectively provide spiritual care in your nursing or health care then this workshop is for you. It is interactive, exploratory and empowering in its approach and comes from a Christian perspective.

Sometimes we are uncertain about our professional boundaries and our ability to provide spiritual care. The Australian Health Practitioner Regulation Agency (AHPRA) competency standards for Nursing—Competency Standard 9.5 expects nurses to be compliant with Australian standards and to “facilitate a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security” and to “involve family and others in ensuring that cultural and spiritual needs are met”¹ To that end NCF and AFCNA have joined to promote this workshop to help our Christian nurses become better equipped to provide care for the whole person.

This course is internationally recognised and College of Nursing Australia endorsed for 8 CPD points.

Date: Friday 11 May, 2018

Venue: Baptist Care Unit 3
5-7 Stephen Street
Melrose Park SA

Cost: \$35 (\$25 for AFCNA financial members)

Includes: lunch, refreshments and a workbook

The workshop seeks to impart skills to assess and address a person’s spiritual concerns in different settings and from various religious/spiritual beliefs and backgrounds.

Session 1: Spiritual care overview: Content and mandate

Session 2: Spiritual care assessment

Session 3: Spiritual interventions and care

Session 4: Challenges in spiritual care

Speakers:

Gabrielle Macaulay RN, RM, BA Science/Nursing, Grad. Dip. Divinity, Masters of Ministry— Gabi has worked in a variety of nursing settings. In addition to Bachelors in Applied Science/Nursing from Sydney University she has certificates in Intensive Care, Cardiac and Neurological nursing and a Graduate Diploma in Midwifery. She currently works as a facilitator with student nurses from the University of Technology, Sydney. Gabi is the current president of Nurses Christian Fellowship Australia.

Diana Marshall RN, RM, BN, Grad. Dip. Adv. Nurs, MN, MA Chaplaincy—Diana has worked in general nursing, community, aged care, midwifery, radiation oncology and palliative care. She is currently teaching at Northern Sydney Institute of TAFE and Training Beyond 2000. She is also Pastoral Care Assistant at St Paul’s Wahroonga. Diana has a strong commitment to lifelong learning.

Please spread the invitation to colleagues. For [more information and a brochure](#) go to our website.

Register online via [Eventbrite](#)

1. AHPRA, 2018, *National Competency Standards for Registered Nurses*, NMBA, p.8, Accessed online 12 April 2018
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>



Use the 'NURSE' tool to facilitate spiritual care

I was recently teaching student nurses in Fiji University and was stunned by one of the student nurse's view of his impending career. As I asked him about his passion and drive to care holistically for patients, he said to his entire cohort of students, "As nurses we have the privilege of opening the eyes of the newborn, and gently closing the eyes of the deceased".

It stopped me in my tracks and caused me to consider the strength of love, joy, peace, patience, kindness, faithfulness and self-control that lies within our scope of nursing practice. His gentle nature brought courage, refreshment and strength to one who has practiced for decades. We surely must be able to do better in our current practice to care holistically for our patients. This article examines our requirements, bridges and barriers to spiritual care within contemporary nursing and provides an easy tool to integrate practical skills into our daily nursing.

It may help to know that the AHPRA competency standards for nursing under Competency Standard 9.5 expect nurses to be compliant with Australian standards and APHRA Competency Standard 9.5 expect nurses to be compliant with Australian Standards and to "Facilitate a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security" and also to "involve family and others in ensuring that cultural and spiritual needs are met".¹ NANDA defines spiritual distress as the "state in which a client experiences a disturbance in belief or value system that provides strength, hope and meaning in life"² while the research of Koenig et al found a 60-80% correlation between improving health and spirituality.³

McBride's research⁴ shows improved outcome measures such as earlier discharge, fewer nosocomial infection rates and a quicker recovery when the patient's spiritual needs are acknowledged (not even addressed, but simply acknowledged) during their hospital stay or illness period. Yet many nurses feel inadequately trained to assess spiritual needs and provide spiritual care. The reasons cited for this include lack of inter-professional education, work overload, cultural differences, and fear of offending.⁵ We have multidisciplinary teams that include well-trained hospital chaplains and pastoral care workers but if they are not available it would be helpful to know that nurses can implement spiritual care in those moments on their shifts.

While staying within hospital and cultural guidelines, nurses are readily able to offer holistic care and better meet the expectations of AHPRA, the national regulatory authority. A quick teaching tool that you can employ uses the acronym **NURSE**. It is a short, multi-faith, compassionate, non-judgmental tool that enables spiritual care in any nursing context.

N Notice whether the person or relatives are wearing a cross, burqa or any religious faith clues. An open-ended question such as "What is keeping you strong at the moment?" enables a person to open up this aspect of his/her healing, or they can choose to shut down the conversation themselves. Whatever the response the nurse has provided an opportunity for the patient to voice spiritual needs.

U Understand what this admission means for this person at this time. Perhaps, "How is this illness affecting you in ways I cannot see?" may begin a response to the story behind the person's coping skills.

R Respond with your nursing skills but also with love, joy, peace, patience, kindness, faithfulness and self-control. Respond with compassion. A question like "I see you are exhausted right now; what can I do to care for your spiritual distress?" indicates your presence is meaningful and your practice is beyond medication, physical interventions and paperwork.

S Stay in the moment with the person in your care. Often eye contact and a hand squeeze, only for a few seconds, will leave a lasting memory of "that nurse" who showed they cared when the person felt so vulnerable.

E Empower people who are out of their home environment to continue spiritual/faith practices that enable them to cope with their situation. People sometimes feel they need permission to pray. So much is stripped away from a person when they are in acute or emergency care and along with those losses are their inner strength and spiritual resources. Holistic practice and support includes (re)engaging people in their own spiritual journey, empowering them to use their personal practices such as prayer to provide them peace and comfort.

Even if we just remember to address one of these five points, we will have provided a more holistic nursing practice that enhances healing for the people in our care than if we had not offered any. Person-centred care includes the person's dignity, integrity and comfort and should be integral to our nursing practice. People may not remember what you said, but they will almost certainly remember how you made them feel.

Gabrielle Macaulay RN, RM, Grad Dip. Theology, M. Min.
Chairperson Nurses Christian Fellowship Australia
Board Member AFCNA

NB: Gabi will be one of the presenters at the Adelaide workshop 'The Art and Science of Spiritual Care'.

References

1. APHRA, 2018, *National Competency Standards for Registered Nurses*, NMBA, p. 8. accessed 12 April 2018 <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
2. North American Nursing Diagnosis Association, 2017, *Fundamental of Nursing*.
3. Koenig, HK, McCullough, ME, Larson DB, 2001, *Handbook of religion and health*, Oxford University Press.
4. McBride, JL, Arthur, Gray, Brooks, Robin, Pilkington, Llyod, 1998, 'The relationship between a Patient's Spirituality and Health Experiences', *Family Medical Journal*, Vol. 30, No. 2, pp. 122-6.
5. Kroning, M & Yezzo, 2017, www.nursingmanagement.com, Walters Kluwer Health, Inc.

Important regulatory compliance changes for FCNs



New Code of Ethics

On 1 March 2018 the International Council of Nurses [Code of ethics for nurses](#) came into effect for all nurses in Australia and the International Confederation of Midwives [Code of ethics for midwives](#) is in effect for all midwives in Australia.

These documents replace the NMBA *Code of ethics for nurses—August 2008* and the NMBA *Code of ethics for midwives—August 2008*.

http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

New Code of Conduct

From 1 March 2018 the new Code sets out the legal requirements, professional behaviour and conduct expectations for nurses in all practice settings, in Australia. FCNs need to become familiar with these changes as long as they are practising as nurses even if the position is voluntary.

There are four domains:

1. **Practice legally:** which covers legal obligations, lawful behaviour and mandatory reporting.
2. **Practice safely, effectively and collaboratively:** which addresses nursing practice, decision making, informed consent, open disclosure of adverse events, culturally safe and respectful practice, Indigenous health, effective communication, bullying and harassment, confidentiality and privacy, and end of life care.
3. **Act with professional integrity:** which describes professional boundaries, advertising and professional representation, legal, insurance and other assessments, conflicts of interest, financial arrangements and gifts, teaching and supervising, assessing colleagues and students, rights and responsibilities.
4. **Promote health and wellbeing:** which considers your health, and your colleagues' health, and health advocacy.

You can see the code at <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx> All FCNs are advised to read through and familiarize themselves with these changes because these codes define our practice.

Advance Care Planning and Faith Community Nurses



82% of Australians think it is important to talk to their family about how they would want to be cared for at the end of their life. Only 28% have done so.

(Dying to Talk)

The inaugural Australian National Advanced Care Planning Week was held in April 2018. It aims to encourage discussions regarding “future healthcare preferences with loved ones” acknowledging that this can be a tough conversation.¹

The ACP website has conversation starters and tools to get people thinking about their preferences and who they would want to make decisions on their behalf if they were unable to do so, or unable to communicate their wishes.² They sum up with the theme: “be open, be ready, be heard”.³

An Advance Care Plan (ACP) records beliefs, values and preferences, and appoints a substitute decision-maker to take effect when the person is unable to speak up for themselves. This could be due to illnesses affecting cognitive function or the person becoming unconscious. The ACP helps to guide the decisions the health professionals have to make by ensuring the person’s substitute decision-maker is consulted and can convey the person’s values and preferences for their end of life care.

The ACP website describes the benefits of undertaking the formal ACP process for “the person, their family, carers, health professionals and associated organisations.”⁴ It says “families of people who have an advance care plan experience less anxiety, depression, stress and are more satisfied with care” while “for healthcare professionals and organisations, it reduces futile transfers to acute care and unwanted interventions”.⁵

Advance care planning is a team effort and nurses are part of the team.

Fact sheet for health professionals

Advance Care Planning Australia has launched a fact sheet for health professionals on 'advance care and legal requirements' for each state/territory that covers frequently asked questions on the legal requirements of ACP including:

- Is advance care legal?
- How does statute law support advance care?
- How does Common Law (case law) support advance care?
- How compatible are ACP documents across Australia?
- What factors assist in assessing the legal validity of advance care directives?
- When is advance care legally possible?
- Advance care with individuals lacking decision-making capacity
- Decision-making standards⁶

Where can I get the Advance Care Directive Form and Kit?

• Go to the **Advance Care Directives website:** www.advancecaredirectives.sa.gov.au

Here you can:

- a) Download and print the FREE Form and Kit
- b) Complete an interactive Form online which will guide you through the process for FREE
- c) Purchase a hard copy of the Form and Kit to be sent to a nominated address.

• Go to a **Service SA Centre** to purchase a hard copy of the Form and Kit, or call Service SA on 13 23 24 during business hours to order a hard copy to be sent to a nominated address.

To locate your closest Service SA Centre go to www.sa.gov.au/directories/customer-service-centres.



Make your wishes for care clear today, in case you can't tomorrow.

For more information

The Advance Care Directive website has additional information, fact sheets, resources and tips to help you to complete your Advance Care Directive Form.

Visit www.advancecaredirectives.sa.gov.au and make your future health and life choices known.

The Legal Services Commission can give advice and witness your Advance Care Directive Form for free.

Phone 1300 366 424

Advance Care Directive
Your wishes for future care

For more information see the [Advance Care Planning Australia](http://www.advancecareplanning.org.au) website, 'For health and care workers'.

ACP and the role of an FCN

As FCNs you have an important role to play in making people aware of the need for an ACP and to assist them to create one by opening conversations with their friends, family, carers, and other health professionals.

You can facilitate the conversation with individuals, bringing together a group from your faith community or your local community. There are many resources around to promote the conversation and provide additional topics for specific people. See our resources section, especially the My Choices resource which is specifically written for use by churches in their health and pastoral care ministries. (You can read about it in this issue.)

Vicky Legge, RN, Dip App Sc(P&O), Grad Cert (NgComHlth&Dev), Grad Cert(ChrCondMgt)

References

1. National Advance Care Planning week, viewed 12 April 2018, <https://www.advancecareplanning.org.au/acpweek>
2. Ibid
3. Ibid
4. Advance Care Planning Australia, viewed 12 April 2018, <https://www.advancecareplanning.org.au/for-health-and-care-workers>
5. Ibid
6. Advance Care Planning Australia, viewed 12 April 2018, <https://www.advancecareplanning.org.au/for-health-and-care-workers/legal-requirements>

Advance Care Planning resources

Advance Care Planning Australia is a website with information in the form of videos, printable 'conversation starters', downloadable 'companion guides' to help get a person started with advance care planning. There are research articles, webinars and even an online course. <https://www.advancecareplanning.org.au/> Phone 1300 208 582

Dying to Talk is an initiative of Palliative Care Australia to encourage discussion and planning to help people take charge at the end-of-life care. The website has a discussion starter that can be completed online or downloaded including in Aboriginal and Torres Strait Islander discussion starter. There are also 'talk cards' and an art competition. <http://dyingtotalk.org.au/>

Start2talk is a program from Dementia Australia to help people with dementia to plan ahead, thinking about their future and putting plans in place so their choices are known and can be acted upon when they cannot express them later in life. There are multilingual resources, information to make a start on planning yourself or to help someone else plan ahead including for health professionals. <https://www.dementia.org.au/planning-ahead> National Dementia Helpline: 1800 100 500

Donate Life is where Australians can register as organ and/or tissue donors. There is a section for health professionals with an educational package to provide them ‘with the necessary knowledge and skills to sensitively support grieving families to make an informed, proactive and enduring decision about donation.’ <http://www.donatelife.gov.au/health-professionals>

Dying Matters provides helpful conversation starters and support <https://www.dyingmatters.org/page/TalkingAboutDeathDying>

The Groundswell Project contains interesting, compassionate community projects and responses for dealing with death and grief <http://www.thegroundswellproject.com/>

National Dying to Know Day is on the 8th August and is a day set aside to speak about dying. Perhaps you can organize an event at your church. www.dyingtoknowday.org

The Conversation Project is a US website with free downloadable conversations starter kits that will help you to have conversations about dying with people. <https://theconversationproject.org/starter-kits/>

Begin the conversation has good conversation starting resources that use the notion of ‘Facing the elephant in the room’ (US site) <http://www.begintheconversation.org>

My Choices—new resource to support people at the end of life

Faith Community Nurses (FCNs) work in various contexts such as churches, schools, remote Indigenous communities, disability, health and aged care services run under the auspices of the faith community. AFCNA thinks there are significant opportunities for FCN practice to grow with the advent of “consumer directed care” within Australia’s aged care and disability sectors. Imagine the difference in quality support a person is likely to get when they have the same group of support people, which includes an FCN, to journey alongside them and help them to manage their care the end of life. To that end AFCNA is focusing its resourcing and professional development on four key areas of high vulnerability in Australian community life. These are mental health, ageing in community, community palliative care, and chronic condition management.

In 2017 our annual conference was on the topic of ‘Dying Well’ seeking to focus on improving the quality and breadth of the church’s end-of-life support for the whole person and their family. For some time, retired Faith Community Nurse, Ineke Hillegge recognised the need for people to be prepared by documenting their care preferences to effect better end-of-life support. She approached two FCNs working at Baptist Care SA and put together a resource to empower people to prepare for the end of life and advocate for themselves the support and care they wanted to receive within their home. That resource ‘My Choices’ was launched on 17th April 2018 during National Advanced Care Planning Week and is available for use now.



If something were to happen to you today, are you practically prepared for someone to manage your affairs and ensure your care preferences are fulfilled?

Making decisions is a part of everyday life. This includes making difficult choices such as: ‘What job will I take?’, ‘Will I marry?’, ‘When should I retire?’, ‘How do I want to spend my final days?’, ‘How do I want to be supported?’

What would happen if you suddenly became ill and could no longer communicate with your family? Would they know how you prefer to be cared for? Would someone know where your important paperwork is? Would they know what payments to stop? Which friends would you like contacted and what is the best way to reach them? These are the type of questions *My Choices* will help people address.

Thinking and talking about these issues long before it is necessary is really helpful to the person, their family and their caregivers. It reduces the stress of the person and the stress of everyone involved in supporting the person. This is even more essential if their family and significant others live far away.

My Choices provides a comprehensive set of documents to promote thinking, discussion and recording of a person’s preferences and practical preparations that will promote good end of life support. The booklet provides thinking prompts, explanations and a specific A-Z index to guide the person through a series of worksheets that will document their preferences.

My Choices is divided into five sections:

- My Personal Contacts
- My Personal Administration
- My Health
- My Care
- My Death

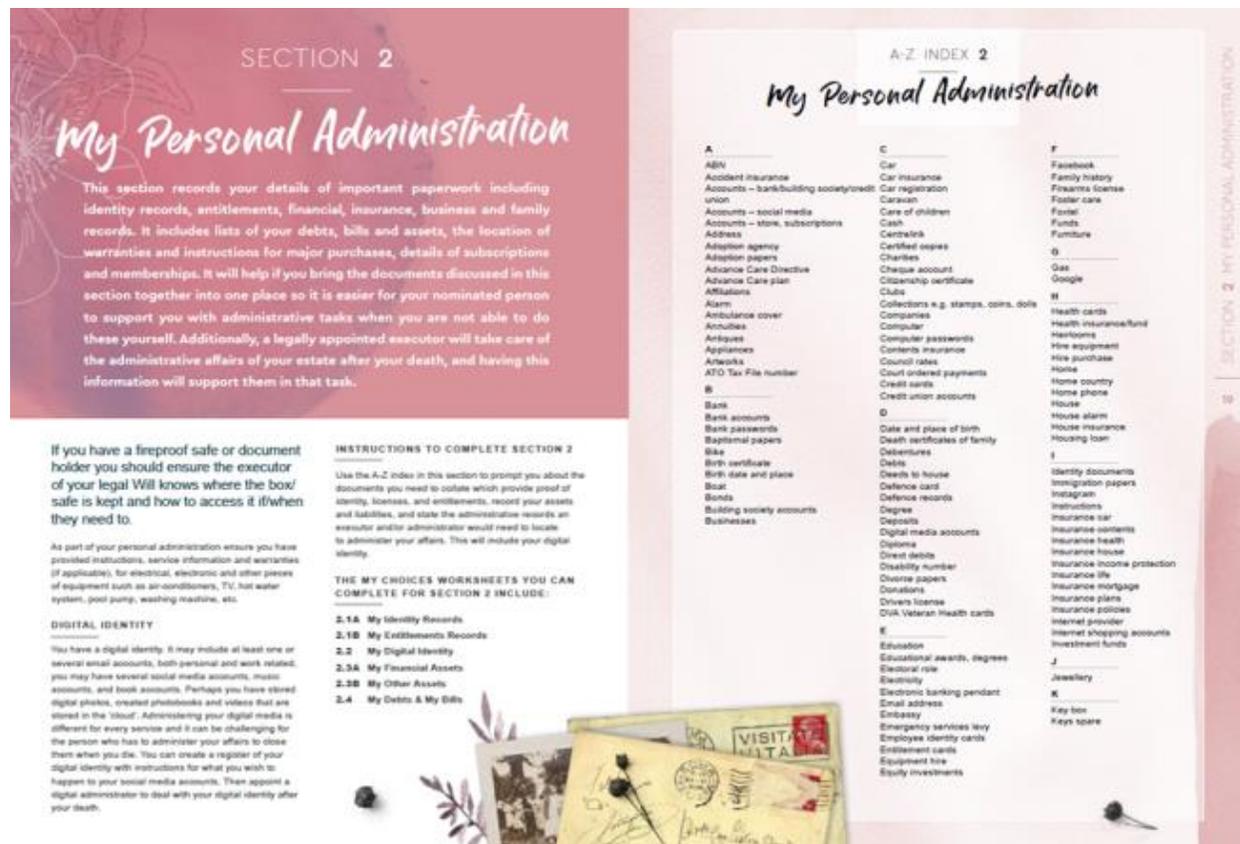
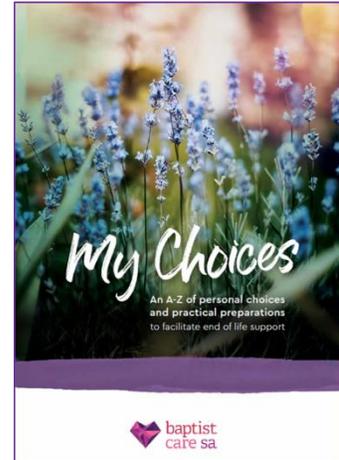
Each section has three components:

1. *My Choices*—guide book

This 85 page colour guide book will help to initiate the conversations with family and explain how to use the index and worksheets in each section, giving examples as well. We recommend people use the book to assist them when completing their worksheets. [Order form](#) available on Baptist Care SA website for \$15AU plus postage and handling

2. *My Choices*—A-Z indexes

Each of the five sections has an A-Z index to prompt the person’s thinking regarding the relevance and importance of each topic for their end of life support. The indexes will help them reflect on what they value, so they can describe their wishes and preferences more accurately and then document them. They can use the worksheets, or another system such as a binder with an A-Z index, or an indexed notebook to document their choices.



3. My Choices—worksheets

The worksheets are a resource for people to collate their information. Each worksheet has instructions on how to complete it and the *My Choices* guide book has more information. People can use as many copies as they need of each worksheet and complete as much of each worksheet as is relevant to their situation.

We recommend that people review and update their *My Choices* document as their preferences change. It is important that personal information and financial details, usernames and passwords are kept secure in locked fireproof boxes.

The blank worksheets are available for [free download](#) in PDF format (allowing person to print and hand write their responses) and MS Word format (allowing the person to type in their responses and print) from Baptist Care SA.

The content is readily transferred into other cultures. We recommend FCNs use it as a resource when working 1:1 with a person, or in small groups to open conversations about end of life and facilitate thinking through their support preferences.

My Choices is not a legal Advance Care Plan, however, it may prompt a person's thinking and assist them complete that form. For the legal documents in each Australian state and territory please visit the Advance Care Planning [website](#) or ring 1300208582.

Enquiries about *My Choices* can be directed to Vicky Legge at vlegge@baptistcaresa.org.au or Anne van Loon at avanloon@baptistcaresa.org.au or visit <https://www.baptistcaresa.org.au/churches/my-choices-resource/about-my-choices>.

Anne van Loon & Vicky Legge

Nursing—attitude and motivation is everything

Over years of nursing in acute care, the community and in the faith community setting I have heard many people say 'I just wanted to be treated as a person'. This comment got my interest sufficiently piqued decades ago to do a research based Masters Degree.

What are nurses doing to people that makes them feel so dehumanised that they no longer feel as if they are a person? I believe it happens when nurses and other health professionals objectify the person as a 'just a physical body' in their interactions. If health workers were more focused on care of the whole person—body, mind and spirit—and the person in the context of their key relationships, I believe our interactions would take on the level of compassionate care that people are craving. So what do I think care of the human spirit looks like?

Let's begin by describing what I mean by the human spirit. I believe it is the inner essence that is the vital life principle that God breathed into all human beings at creation. Every person has a spirit. The spirit integrates the other dimensions of the person into a whole and transcends the body after death (Conrad, 1985; Carson, 1989). The human spirit is expressed through the inner unique nature and qualities that make each person who they are. Our spirit makes us alive in a qualitative sense, rather than a bio-mechanical sense (van Loon, 1995). Our spirit motivates and activates our mind and our body while our psychosocial dimension focuses on emotional and behavioural regulation (van Loon, 2001 p. 52). We give expression to our spirit via our psychosocial behaviours and emotions. The spirit is able to experience a state of well-being and from it we derive experiences of love, joy, hope, trust, forgiveness, inner peace, meaning and



purpose in life (Barker, 1989; Burns, 1989, Fish & Shelly, 1988).

Religion and spirituality are not synonymous (Emblen, 1992). However, as a Christian I structure my spiritual dimension within the Christian religious framework that guides my moral and ethical value systems, provides me with rituals, practices, beliefs and a history ('my story' [each person's unique story] in 'our story' [Christianity], in His-story [God's story]) which gives me a sense of identity, continuity, purpose and meaning.

How you perceive the whole person will influence how you assess, prioritise and deliver your nursing practice. To demonstrate the importance of identifying your personal perspective I have clarified my own view of the person to demonstrate how this influences the way I enact my nursing practice within a nurse/person relationship (van Loon, 2001 p. 54). I see humans as personal beings, created by God, in God's image, for a purpose; endowed with freedom to choose how they will live and the

responsibility and self-awareness this freedom demands. The person is always living in relationship with self, other people, the environment and God (however the person interprets 'God'). Such a perspective means I perceive the person as having a unique God given purpose. I have a responsibility to enhance the person's life choices and opportunities, so they can fulfil and maintain their sense of purpose. I seek to sustain the person's vital relationships in order to enhance their health and wellbeing (van Loon, 2001 p. 54).

When I am expected to care for a person we both choose to be in that relationship at a certain level. I may choose to meet at a 'deeper' personal level, or we both choose to remain 'distant'. This choice is influenced by many factors, some within my control and others beyond my control, but the consequences of that choice will affect us both. We all come to the nurse/person interface with our values in place. Identifying your values, beliefs and attitudes about the person helps to situate your practice, which in turn facilitates your ability to identify the client's perspective and thus meet their spiritual needs (van Loon, 2001 p. 54).

Here are three real exemplars of nurses' *ways of being* and nurses' *ways of doing* that illustrate the breadth and depth of spiritual care.

Ellen

Ellen was 34 years old when she delivered a healthy baby boy. All went well with the delivery but Ellen had very high blood pressure post-partum and suffered a stroke that left her with locked-in syndrome (LIS). This is a state where the person is conscious but has no ability to make movements that enable speech, limb or facial movements. However, because they remain conscious they can hear and see and may be able to move their eyes vertically to communicate. Rarely, people recover, but more often they have significant disability if they survive. Ellen's prognosis was grim.

I was working for several shifts and was continually rostered to take care of Ellen. To see her husband torn between the joy of their new baby and being unable to communicate with his wife, who was alive—but it felt as if she was only half alive, because she could not touch, hold or feed her baby, nor could she talk to her husband or hold his hand. Ellen would cry (without any noise) but tears rolled down her face. This couple suffered incredibly, and neither knew how to comfort the other. It was heart breaking to witness.

One night while I was doing her pressure area care her husband said, "Ellen knows you care for her. Some nurses just come in here and turn her like she's a piece of dead meat. It adds to her suffering because I can see it in her eyes. When you wash her, her eyes are at peace." It was a nice compliment but more than that it got me thinking. All the nurses were doing the same activities for Ellen, but it was the way we did these activities that nurtured her spirit and that of her husband.

When you are tuned in to nursing using your Christian values to drive your actions, you are more likely to provide care for the whole person. I still remember my motivation was Matthew 25:40. "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me". Keeping this scripture close can ensure you provide quality care because it provides internal motivation and satisfaction that keeps you going, even when you are tired. I have found that I was often providing spiritual care when I was attending to the more ordinary needs of people because it involved my *ways of doing*. Spiritual care in nursing is as much about how we interact and use ourselves as it is about what specific interventions we use.

Jack

Jack was a 74-year-old man who had migrated from England with his wife in the 1960s. She died several years before and Jack had no children or extended family in Australia. I had students looking after Jack, so while they were busy getting things organised for his morning wash, I chatted to Jack. He was clearly lonely. He had no family, friends or church, did not know his neighbours and had buried himself in working his farm until he sold up when he was 70 years old. Jack's body was recovering from major surgery but his zest for life was low. He even said, "It's hopeless; I will never manage at home". At handover the nurse looking after Jack said he was "not doing anything for himself", yet she made no comment about his sadness, his loss of meaning and purpose or his hopelessness.

The following day when I arrived on the ward, I watched the student working with Jack. He was quiet and encouraging in his speech. Instead of doing everything for Jack, he started giving Jack small tasks to do. The first goal was to wash his face and do his hair. The following goal was to clean his teeth. Each day I saw Jack gaining confidence. He became more animated and held himself more upright. The student kept giving him encouragement and Jack's confidence increased. His hopefulness improved and he began to look after himself more with each passing day. Hope gave the impetus to push forward with life. Hope cannot be provided. It is ignited from within the person by what we say and do. Hope reignited by the stepped-out encouragement to meet near goals provided by the student. That was spiritual care.

Mary

Mary was 68 years old when she spoke to me of the sexual abuse she had experienced in her childhood. She had never told anyone before. Mary had lived on Adelaide's streets for more than 15 years because her addictions had rendered her penniless, homeless with no possessions, no self-esteem, and no voice and full of shame. Mary came to a research group I was running and for months she made no eye contact and never uttered a word. I wondered why she came but she was there each fortnight and listened.

Then after 7 long months, Mary asked to speak! With tears everyone looked at her as she said in a low voice, "I am like a cracked pot. I am broken, and there's nothin' left inside of me."

Over the ensuing 12 months Mary spoke more. She raised her head and made eye contact. She began to comb her hair and wash her clothes. Then one day she said, "Can we talk?" So after group we went to a nearby park and sat on a bench. Over the next 3 hours Mary shared her life story. I said very little. I listened, prayed quietly in my head and occasionally touched her forearm. What I had to offer was my presence, authentic listening and genuine compassion for her heart-rending traumatic childhood experiences. We finished our interaction holding hands and I told her how brave she was and how much respect I had for her. Then I felt compelled to say, "Mary you are precious to me and to God". Mary began to cry and with a laugh said, "God! You really think that Big Fella cares for me?" "Oh yes", I said, "and so do I. Mary, the best is yet to come!"

My journey with Mary lasted about 4 years, with a lot of listening, a bit of talking about all kinds of things, spiritual issues, health issues, country, clan, drinking, her incarcerated son, and separating herself from the weight of the past shame that she was feeling over abuse that was not her fault. Mary began to move forward, slowly at first, but then in strides with a few setbacks. It was a rollercoaster ride but a wonderful gift to be a part of her journey. She began to speak freely and laugh out loud. She took care of herself. She stopped drinking (with a few minor relapses). She began to learn to knit. She began to learn to paint in traditional Indigenous style. She was reunited with her family group from Western Australia. When I last saw her before she left on a train for the west she said, "Not a cracked pot anymore! That Big Fella's alright aint he!" I have not seen or heard from Mary again, but I continue to thank God for her and pray for her and her family.

People need to love themselves, to be able to give love and to receive love from others. Mary had not received any love in her childhood. She had instead received abuse in her foster homes. Mary then went on to abuse herself with alcohol. She felt empty and broken in body, mind and spirit. She lost her sense of worth and her sense of self. Mary and others like her need to experience God's love and, as His servant, you as a nurse can provide spiritual care in your *ways of being*, by providing time, patience,

authentic listening, presence, and above all, letting the person know, hear and experience that they are loveable and loved. It takes time to establish a trusting and meaningful nurse/person relationship. The outcomes are less predictable and there are ups, downs and relapses, so it takes significant energy, patience, perseverance and compassion to facilitate positive outcomes.

Your genuine presence, authentic concern and sincere empathy can help a person feel valued and less isolated. When you display those qualities, people comment they no longer feel as if they are suffering alone, they speak of feeling 'valued', 'worthwhile' and they feel like an acceptable whole person— and that is a part of spiritual care (van Loon, 1995, p. 130).

References

- Burkhardt, M, 1989, 'Spirituality an analysis of the concept', *Holistic Nursing Practice*, May, 3(3) pp. 69-75.
- Burns, PG, 1989, 'The experience of spirituality in the well adult: a phenomenological study', *Unpublished PhD Dissertation*, Texas Woman's University, Texas.
- Carson, VB, 1989, *Spiritual dimensions of nursing practice*, W B Saunders: Philadelphia.
- Conrad, NL, 1985, 'Spiritual support for the dying', *Nursing Clinics of North America*, 24(2) pp. 415-426.
- Dugan, DO, 1987/88, 'Essays in the art of caring: the human spirit in stress management', *Nursing Forum*, XX111 (3) pp. 08-117.
- Emblen, JD, 1992, 'Religion and spirituality defined according to current use in the nursing literature', *Journal of Professional Nursing*, Jan/Feb, 8(1) pp. 41-47.
- Fish, S & Shelly, JA, 1988, 'Spiritual care: The nurse's role', (3rd ed.) Intersarsity Press: Downers Grove.
- van Loon, AM, 2001, Assessing spiritual needs, in Koch, S & Garratt, S, 2001, *Assessing older people a practical guide for health professionals*, MacLennan & Petty: NSW, Australia, pp. 51-73.
- van Loon, AM, 1995, 'What constitutes caring of the human spirit in nursing?' *Unpublished MN (Research) dissertation*, Adelaide, Flinders University of South Australia.

The names in this article are fictitious but the scenarios are real experiences from my practice. Some parts of this article are a reworking of a book chapter I wrote in *Assessing older people: a practical guide for health professionals*, 2001, Koch, S & Garratt, S, 2001, MacLennan & Petty: NSW, Australia.

Anne van Loon RN, MN (Research), PhD
April 2018

Doing some thinking about spiritual care

Here are 10 questions or activities that will help you to become more aware of your perspective of the person and the values you embrace. Spend a little time reflecting on your values before answering the questions or undertaking the activity.

1. Jot down 10 values/beliefs you hold about the person
2. If you were asked to 'describe the real you' what would you say?
3. What gives your life a sense of meaning and purpose?
4. What are your life goals?
5. Identify some of the personal values which have shaped your life goals?
6. How would you describe or define the human spirit?
7. Discuss the comment 'The body is just a vehicle for the spirit'.
8. Discuss this quote by Florence Nightingale "...they flit around like angels without hands among the patients and soothe their souls while they leave their bodies dirty and neglected." (Woodham-Smith, 1950, p. 109)
9. How do your relationships with other people shape the person you are?
10. Can you recount experiences with the creation/environment which you might identify as spiritually meaningful?

This activity comes from van Loon, AM (2001) Assessing spiritual needs, in Koch, S & Garratt, S (2001) *Assessing older people a practical guide for health professionals*. MacLennan & Petty: NSW, Australia, pp. 54-55.

Conferences

2018 Westberg Symposium for Faith Community Nurses

New Zealand Faith Community Nurses Association 2018 Annual Conference

7-8 September, 2018, 215 Devonport Road, Tauranga, New Zealand

It would be fantastic to have a contingent of Australian nurses joining our New Zealand colleagues to learn more on this important subject. I have been to a couple of conferences and it's a great blessing. Why not get a group together and plan a NZ holiday and take a conference in along the way?

Theme: *A toolbox of resources toward development of positive mental health in the world today*

Enquiries: Shirley Allan admin@faithcommunitynursing.nz

European Parish Nurse Networks and Nurses Christian Fellowship

4-6 June, 2018, Break Sokos Hotel Eden, Oulun, Finland

Theme: *Parish Nursing in Practice*

Enquiries: Mirva Kuikka mirva.kuikka@evl.fi

Registration: https://www.lyyti.fi/reg/European_Parish_nursing_conference_2018

Lutheran Parish Nurses Australia International study tour to Canada in 2018

Tour begin in Winnipeg on 13 September and ends in Regina on 20 September. Information and registration forms are available from: robert.wiebusch@lca.org.au.

Nurses Christian Fellowship—Pacific and East Asia Conference 2018

7-10 June, 2018, Taiwan, at the Chientan Youth Activity Centre, Taipei

Theme: *For Such a Time as This* – Christian Nursing in a Troubled World. Pre-conference training courses will be held 4-7 June.

Enquiries: pacea.region@gmail.com

Nurses Christian Fellowship—Caribbean & North America Regional Conference 2018

18-22 July, 2018, Azusa Pacific University, California USA.

Theme: *Infusing Hope in Nursing—A Christian Perspective*

Enquiries: cana@ncfi.org

Membership

It's never too late to renew or to join. While still only \$30, your membership allows AFCNA to keep you networked with newsletters, conferences, new resources, access to discounts and the online education portal, and as our website upgrade continues to have access to members only content <http://www.afcna.org.au>. Your fees enable us to provide scholarships to support FCNs and keep an ecumenical Christian presence in the profession of nursing via CoNNMO membership.

Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry via faith community nurses. Your membership is vital.

You can sign up and pay via the net at <http://afcna.org.au/members-options/> or complete and send us the form below, paying with a cheque or via internet transfer.

Australian Faith Community Nurses Association MEMBERSHIP 2018		
Name	Address	
.....	Postcode Phone (.....).....	
Mobile.....	Email	
1. I am happy to be included in AFCNA networking via the AFCNA data base	Yes <input type="checkbox"/> No <input type="checkbox"/> (privacy assured)	
2. Practising FCN/Health Ministry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Current AHPRA Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. I consent to my details being shared with AFCNA members' prayer network.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Newsletter: email or Australia Post (please circle preference)		
Signed: _____		
Full membership (\$30.00/year) <input type="checkbox"/>	Concession (\$20.00/year) <input type="checkbox"/>	Donation: AFCNA General Fund <input type="checkbox"/>
Electronic transfer: Australian Faith Community Nurses Association Incorporated BSB: 704 - 922; Account No. 100012768 Please insert your name as the reference code		
Make cheques payable to: Australian Faith Community Nurses Association		
Mail to: Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071		

Please submit your photos and stories for *WholeHealth* to afcna@afcna.org.au or send to annevanloon@internode.on.net.
Ph 08 8278 8274.

Deadline for next issue: 30 June 2018

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

Disclaimer: In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

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